

Greetings from the SD Diabetes Prevention & Control Program (DPCP) and welcome to the February 1st edition of the "DPCP FYI". Each FYI is received by over 450 diabetes care professionals in and around South Dakota. If you have trouble with the links, the e-bulletin is also posted on the DPCP website at <http://diabetes.sd.gov>. If you have suggestions for improvement to the FYI or if I can otherwise be of assistance, please let me know. Colette

This issue's topics~

- **New SD Diabetes Data is Available**
- **Health Literacy Resources**
- **Increasing Burden of Diabetes**
- **A FYI on the SD DPCP**

New SD Diabetes Data is Available

The *Health Behaviors of South Dakotans 2006*, also known as the Behavioral Risk Factors Surveillance Survey (BRFSS), is now available at doh.sd.gov/Statistics/2006BRFSS. The diabetes data begins on page 52. A few points worth noting:

- -In 2006, 6.5% of South Dakota's population over 17 had been told they have diabetes. Using the 2006 US Census estimate, that translates to about 38,170 South Dakotans over 17 with diagnosed diabetes. Analysis from the Centers for Disease Control and Prevention indicates approximately 30% of people with diabetes do not know they have it – an additional 16,359 South Dakota adults with undiagnosed diabetes.
- -Significant disparities exist related to race. The 2006 prevalence of diagnosed diabetes for adult American Indian South Dakotans was 13.4% compared to 6.1% for adult White South Dakotans.
- -A rate not included in the 2006 BRFSS report is the prevalence of diabetes in those under 18. The 2006 BRFSS data shows that prevalence rate as 0.3%. Last year it was 0.5% (half a percent). Based on US Census calculations showing SD with 194,698 under 18, about 585 South Dakotans under 18 have been diagnosed with diabetes.

If you have questions about this data or have other data needs, feel free to contact Colette.

Health Literacy Resources

According to the Partnership for Clear Health Communication, nothing – not age, income, employment status, educational level, and racial or ethnic group – affects health status more than literacy skills. Health literacy is defined as the ability to read, understand and effectively use basic medical instructions and information. Low health literacy can affect anyone of any age, ethnicity, background, or education level.

People with low health literacy:

- Are often less likely to comply with prescribed treatment and self-care regimens.
- Fail to seek preventive care and are at higher (more than double) risk for hospitalization.
- Are often embarrassed or ashamed to admit they have difficulty understanding health information and instructions.
- Can be using well-practiced coping mechanisms that effectively mask their problem.

Chances are high that some of your patients are among the 90 million people in the United States whose health may be at risk because of difficulty in understanding and acting on health information. A simple, quick health literacy assessment tool called "The Newest Vital Sign" is available from Pfizer at www.newestvitalsign.org/nvs-resources.aspx.

Another tool that could be helpful for your clients is the "Ask Me 3" resource toolbox available from the Partnership for Clear Health Communication at <http://www.npsf.org/askme3/PCHC/>.

Increasing Burden of Diabetes

(From the ADA press release-1/23/08) A study commissioned by the American Diabetes Association shows that diabetes is costing Americans \$174 billion annually, a figure that has increased by 32 percent since 2002. Medical expenditures for people with diabetes are estimated to be \$116 billion, with a disproportionate percentage of the costs resulting from treatment and hospitalization of people with diabetes-related complications. The findings also suggest that 1 out of every 5 health care dollars is spent caring for someone with diagnosed diabetes.

According to Ann L. Albright, PhD, RD, President, Health Care & Education, ADA, "The findings re-affirm that diabetes is a public health crisis and its implications are painful and far reaching. This underscores the importance of early diagnosis and treatment. Diabetes becomes much more costly in financial and human terms when the disease is not properly treated."

The study also assessed the economic impact of indirect costs, which were estimated to be \$58 billion when accounting for reduced productivity of both those in the labor force and unpaid workers, unemployment from disease-related disability, and increased absenteeism. Last year alone, diabetes claimed more than 284,000 lives.

Considering that an additional 6 million more people are believed to have diabetes but have not yet been diagnosed, the study estimates that the actual cost of diabetes may greatly exceed \$174 billion.

"Diabetes plagues more than just the individual with the disease. It is common, it is costly, it creates numerous complications, and there is no cure. Until we start reversing current trends, through increased awareness, prevention and aggressive disease management, diabetes will continue to have an adverse impact on our society as a whole." said R. Stewart Perry, Chairman of the Board, ADA.

The study is available at www.diabetes.org/cost.

(THANK YOU to all of you for what you do. The implications of diabetes on all aspects of South Dakota are enormous. Supporting people affected by diabetes through the care and education you provide is so very vital. THANK YOU for that.)

An FYI on the SD DPCP

A little information about the purpose of the SD Diabetes Prevention & Control Program (DPCP): The SD DPCP is currently wholly funded by the CDC Division of Diabetes Translation and charged through a yearly grant to improve health outcomes related to the secondary and tertiary prevention of diabetes. The SD Nutrition and Physical Activity program (HealthySD) works to prevent obesity and other chronic diseases so primary prevention work is done in collaboration with that program and their partners.

Below are the DPCP's 3 main areas of focus and some programmatic activities:

1) Dissemination of credible information.

- The Diabetes Information Link program. South Dakotans with diabetes register with the DPCP and then receive an initial packet of information about diabetes and a cookbook. Then about quarterly, all recipients receive diabetes-related information. Purpose is to

help people with diabetes be informed advocates for their care and facilitate access to other beneficial programs;

- Updating and disseminating the *Recommendations for Management of Diabetes in South Dakota* guidelines in conjunction with the SD Foundation for Medical Care (anticipated dissemination in 3/08);
- Sponsoring two AV-facilitated Grand Rounds through the USD School of Medicine. The 3/14/08 OB/GYN and 3/28/08 Internal Medicine Grand Rounds will be about diabetes;
- Sponsoring of the Changes & Challenges in Diabetes Care conference for RNs, RDs, NPs, PAs, RPhs and others. The next conference is anticipated Fall 2008 in the Rapid City area.

2) Linkages within the statewide diabetes public health system.

- Most activities involve development of the SD Diabetes Coalition for increased collaboration throughout SD and through the partnered implementation of the *SD Diabetes Strategic Plan 2007-2009* (available at <http://doh.sd.gov/Diabetes/Documents/07DiabetesStatePlan.pdf>).

3) Surveillance.

- Through the Behavioral Risk Factor Surveillance Survey (BRFSS) and other surveillance methods, data that describes the burden of diabetes in SD is accessed and shared. The DPCP is currently working on a longitudinal burden report which will show multiple years of SD surveillance data on several aspects of diabetes.

The program's website is <http://diabetes.sd.gov/>.

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